

SERFF Tracking Number: UTAC-126757962 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 46418
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: 2010 Major Medical Rate Increase
 Project Name/Number: /

Filing at a Glance

Company: United Teacher Associates Insurance Company
 Product Name: 2010 Major Medical Rate Increase
 SERFF Tr Num: UTAC-126757962 State: Arkansas
 TOI: H16I Individual Health - Major Medical
 SERFF Status: Closed-Disapproved
 State Tr Num: 46418
 Sub-TOI: H16I.005C Individual - Other
 Co Tr Num:
 State Status: Disapproved-Closed
 Filing Type: Rate
 Reviewer(s): Rosalind Minor
 Disposition Date: 08/12/2010
 Author: Taylor Weber
 Date Submitted: 08/06/2010
 Disposition Status: Disapproved
 Implementation Date Requested: 10/01/2010
 Implementation Date:
 State Filing Description:

General Information

Project Name:
 Project Number:
 Requested Filing Mode: Review & Approval
 Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Submitted 8/5/2010.
 Explanation for Combination/Other:
 Market Type: Individual
 Submission Type: New Submission
 Group Market Size:
 Overall Rate Impact: 10%
 Group Market Type:
 Filing Status Changed: 08/12/2010
 Explanation for Other Group Market Type:
 State Status Changed: 08/12/2010
 Deemer Date:
 Created By: Taylor Weber
 Submitted By: Taylor Weber
 Corresponding Filing Tracking Number:
 PPACA: Grandfathered Immed Mkt Reforms
 Filing Description:
 2010 Major Medical Rate Revision

Company and Contact

Filing Contact Information

Taylor Weber, Actuarial Consultant
 11200 Lakeline Boulevard #100
 tweber@actmanre.com
 336-714-8876 [Phone]

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Product Name: 2010 Major Medical Rate Increase
Project Name/Number: /
Austin, TX 78717

Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 26580 Group Name: State ID Number:
Austin, TX 78755-0580 FEIN Number: 58-0869673
(800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$50.00	08/06/2010	38580362

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	08/12/2010	08/12/2010

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Disposition

Disposition Date: 08/12/2010

Implementation Date:

Status: Disapproved

Comment:

Under Exhibit II, it is stated that the effective date of the last rate increase in Arkansas was 3/18/10. The actuarial memorandum states that the proposed effective date will take effect on or after October 1, 2010 or upon approval, if later.

As you are aware, it has been our Department's policy for years that no insured will receive more than one increase during a twelve (12) month period.

We are disapproving your request at this time. If you wish to resubmit your request at a later date, it would be appreciated if you would submit the request when you are able to provide our Department with the experience for the calendar year, 2010.

We appreciate your understanding and cooperation.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	10.000%	10.000%	\$1,333	1	\$13,326	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Authorization Letter	Disapproved	Yes
Supporting Document	Transmittal Form	Disapproved	Yes
Supporting Document	State and Nationwide Inforce Data	Disapproved	No
Supporting Document	State and Nationwide Rate Increase History	Disapproved	No
Supporting Document	Exhibit III	Disapproved	No
Supporting Document	Exhibit IV	Disapproved	No
Rate	Rate Pages	Disapproved	Yes

SERFF Tracking Number:	UTAC-126757962	State:	Arkansas
Filing Company:	United Teacher Associates Insurance Company	State Tracking Number:	46418
Company Tracking Number:			
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005C Individual - Other
Product Name:	2010 Major Medical Rate Increase		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

10.000%

Effective Date of Last Rate Revision:

11/03/2009

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	10.000%	10.000%	\$1,333	1	\$13,326	%	%

SERFF Tracking Number: UTAC-126757962 State: Arkansas

Filing Company: United Teacher Associates Insurance Company State Tracking Number: 46418

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Product Name: 2010 Major Medical Rate Increase

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Disapprove Rate Pages d 08/12/2010		L 160-030	New		AR-rate pages.pdf

Exhibit I

United Teacher Associates Insurance Company

Major Medical

Experience as of 6/30/2010

Individual Policies may not include the latest rate increase already implemented

Form	Policy Number	Issue Age	Premium	
			Current	Proposed

In the state of Arkansas

L160-030	DN1046712J	19	14,658.16	16,123.98
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United Teacher Associates Insurance Company
Major Medical
Active Forms by Original Company as of 6/30/2010

Company	Form
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In the state of Arkansas

Continental Assurance Company (CNA)	L160-030
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR-cover letter.pdf	Disapproved	08/12/2010

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: auth letter.pdf	Disapproved	08/12/2010

	Item Status:	Status Date:
Satisfied - Item: Transmittal Form Comments: Attachment: AR-transmittal.pdf	Disapproved	08/12/2010



Thomas M. Hull, FSA, MAAA
Edward R. Shugart, III, FSA, MAAA
D. Joeff Williams, FSA, MAAA
Richard S. Messenkopf, FSA
Jenna L. Fariss, ASA, MAAA
Jon D. Schneider
Teresa C. Seymour

July 26, 2010

Hon. Jay Bradford
Commissioner of Insurance, Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
Attn. Rate and Form Analyst

Re: United Teacher Associates Insurance Company
Form 708, etc. – Major Medical Rate Revision
NAIC # 63479, FEIN # 58-0869673

Enclosed are copies of our Actuarial Memorandum in support of this rate revision request. This revision will apply to in force policies only. An increase of 10% is being requested at this time.

The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state.

The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

United Teacher Associates Insurance Company is domiciled in the state of Texas.

Please return your acknowledgment that revised rates have been filed or approved for use in your state. Should you have any questions related to our submission or require additional information, please contact me. My direct telephone number is 1-336-714-2914.

Sincerely,

Jenna Fariss, ASA, MAAA
Consulting Actuary
jfariss@actmanre.com

Enclosures



Supplemental Benefits Group

P.O. Box 26580
Austin, TX 78755-0580
Toll Free: (866) 459-4272

April 9, 2010

RE: United Teacher Associates Insurance Company Rate Filing

Dear Commissioner:

United Teacher Associates Insurance Company hereby authorized Actuarial Management Resources, Inc., to represent us in the submission of accident and health insurance rates and to negotiate with the Department for their approval of said rates on policies on behalf of United Teacher Associates Insurance Company that are attached hereto as Exhibit A. The contract information for AMR is

Actuarial Management Resources, Inc.
4964 University Parkway, Suite 203
Winston-Salem, North Carolina 27106

This authorization is valid until revoked in writing.

Should you need any additional information please do not hesitate to contact me directly. I can be reached at (512) 561-1484.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tracy E. Maples".

Tracy E. Maples, ASA, MAAA
Senior Vice-President & Chief Actuary

Great American Supplemental Benefits Group of Companies include:

Central Reserve Life Insurance Company
Loyal American Life Insurance Company®

Continental General Insurance Company
United Teacher Associates Insurance Company

Great American Life Insurance Company®
Provident American Life & Health Insurance Company

Exhibit A

NAIC	FEIN	COMPANY	LOCATION
78174	34-1083130	Consaco Health Insurance Company	Chicago, IL
87645	57-0654942	United Fidelity Life Ins. Co.	Dallas, TX
91391	74-2088326	Southwestern Financial Services	Marietta, GA
61689	42-0175020	Amerus Life	Des Moines, IA
00000	AA-0050037	Academy Insurance Com.	St. Louis, MO
63304	23-0577450	Fidelity Mutual Life Ins. Co.	Radnor, PA
11991	38-0865250	National Causality Company	St. Louis, MO
67105	41-0451140	ReliaStar Life Ins.	Minneapolis, MN
64211	36-1174500	Guarantee Trust Life Ins. Co.	Glenview, IL
68225	23-0990450	Continental American Life Ins. Co.	Berwyn, PA
61301	47-0098400	Ameritas Life Ins. Co.	Lincoln, NE
65595	47-0221457	Lincoln Benefit Life Ins. Co.	Lincoln, NE
81701	87-0189237	Educator's Mutual Life Ins. Co.	Lancaster, PA
80942	41-0991508	ING USA Annuity & Life	De Moines, IA
85786	38-0779740	Reassure America	Chicago, IL
67164	31-0501247	Ohio Life & Causality	Hamilton, OH
62413	36-094720	Continental Assurance Co.	Chicago, IL
68845	54-0377280	Shenandoah Life Ins. Co.	Roanoke, VA
24074	31-0396250	Ohio Causality Ins. Co.	Fairfield, OH
72400	38-2619963	Surety Life Ins. Co.	Salt Lake City, UT
70629	47-0339860	World Ins. Co.	Omaha, NE
23123	36-2490086	Banker's Multiple Line Ins. Co.	Dallas, TX
66044	46-0164570	Midland National Life Ins. Co.	Des Moines, IA
68357	43-0550883	Reliable Life Ins. Co.	St. Louis, MO
63053	91-0550883	Family Life Ins. Co.	Seattle, WA
63487	23-1632193	Investors Life Ins. Co. of North America	Seattle, WA
85766	38-0779740	Reassurance America	Scottsdale, AZ
69477	39-0858730	Fortis Ins. Co.	Shawon, WI
65785	38-0779740	Reassure America	Chicago, IL
97241	47-0648948	Settlers Life Insurance Co.	Bristol, BA

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United Teacher Associates Insurance Company 5508 Parkcrest Drive Austin, TX 78731	Texas	Life		63479	58-0869673	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jenna L. Fariss, ASA, MAAA 4964 University Parkway Suite 203 Winston-Salem, NC 27106	(336) 714-2914	(336) 759-3141	jfariss@actmanre.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____		
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6.	Company Tracking Number			
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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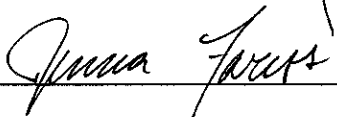
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H161 Individual Health – Major Medical
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10.	Product Coding Matrix Filing Code	H161.005C Individual – Other
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div>
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12.	Filing Submission Date	July 27, 2010	
13	Filing Fee (If required)	Amount	\$50.00
		Check Date	
		Retaliatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Check Number	EFT
14.	Date of Domiciliary Approval	Submitted 20% on July 27, 2010	
15.	Filing Description: Major Medical 10% Rate Increase		

16.	Certification (If required): Arkansas		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name		<u>Jenna L. Fariss, ASA, MAAA</u>	Title <u>Consulting Actuary</u>
Signature			Date: <u>July 28, 2010</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Major Medical	L160-030	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+10%</u> - <u> </u> % <input type="checkbox"/> Other <u> </u>	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+</u> <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	

LH RFA-1